



NEVADA STATE BOARD OF EXAMINERS FOR
MARRIAGE & FAMILY THERAPISTS AND
CLINICAL PROFESSIONAL COUNSELORS

PO Box 370130
Las Vegas, Nevada 89137
Office: (702) 486-7388
FAX: (702) 486-7258
<https://marriage.nv.us>

FORM #3

MFT FINAL INTERNSHIP REPORT FROM PRIMARY SUPERVISOR

Intern's name (print)

Intern license number

Signature

INTERNSHIP PROGRESS REPORTS MUST BE SUBMITTED BY EACH MARCH 15TH AND SEPTEMBER 15TH of each year to the Board Office during the duration of the internship. Failure to submit reports may void the internship.

____ hrs 1. Direct Marriage and Family therapy supervision
(Minimum of 300 hours total, required)

____ Primary ____ Secondary
(minimum 160 Primary - 40 Secondary)

____ hrs 2. Marriage and Family therapy (with clients)
(Minimum of 1500 hours, total required)

____ In-Home Therapy
(include hours in face-to-face total)

____ hrs 3. Group therapy experience
(Maximum 300 hrs, no minimum)

____ hrs 4. Personal therapy
(Maximum 150 hrs, no minimum)

____ hrs 5. Documented teaching approved by Primary supervisor (parent/family education, workshops)
(Maximum 200 hrs, no minimum)

____ hrs 6. Additional Training (University graduate work, approved workshop) approved by Primary supervisor
(Maximum 50 hrs)

____ hrs 7. Practicum Hours completed graduate work (Must attach form #5, Signed by University Supervisor)

____ TOTAL HOURS accumulated to date

INTERN'S PROGRESS

____ Sufficient progress

____ Needs further training

Supervisor' Notes:

I hereby certify that the hours reported in the categories indicated above were performed under my supervision in the period from _____ to _____ (dates)

Primary supervisor's name (Print)

License number

Signature of Supervisor

Address

Phone

Cell Phone

Please mail all original correspondence to: P.O. Box 370130, Las Vegas, NV 89137

D O N O T F A X

Updated 9/15 supersedes all other forms